



# COMMONWEALTH OF MASSACHUSETTS

## Department of Telecommunications and Cable

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www.mass.gov/dtc

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**JOHN C. CHAPMAN**  
UNDERSECRETARY

**KAREN CHARLES PETERSON**  
COMMISSIONER

*Return completed form to:*

**Department of Telecommunications and Cable**

**Attn: Shonda D. Green, Department Secretary**

**1000 Washington Street, Suite 820**

**Boston, MA 02118-6500**

### **Certificate of Withdrawal**

The exact legal name of the company is \_\_\_\_\_

DBA \_\_\_\_\_

Federal Identification Number is \_\_\_\_\_

-or

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

The above-named entity:

☐ Ceased conducting business in the Commonwealth of Massachusetts as of \_\_\_\_\_  
(Month/Day/Year)

☐ Hereby withdraws its registration to conduct business within the Commonwealth as a:

☐ Payphone Provider ☐ other type telecommunications services provider;

☐ Understands that the withdrawal of its registration will prevent the company from operating and/or providing telecommunications services.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Print or Type Name, Title

\_\_\_\_\_  
Address (street, city, state, zip)

\_\_\_\_\_  
Phone number where Authorized Person can be reached